## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name PASTIME GRILL AND PUB							Telephone Number	Date of Inspection	ID#	
Address 424 EAST MARKET STREET, NEW ALBANY IN 47150						Est Own	812/945-9055 812-944-6220/502-445-7	07/16/2021		
Owner GRANT C. RICKARD JR							Purpose X Routine	Follow Up	<b>Released</b> 07/16/2021	
Owner's Address 3074 GEORGETOWN-GREENVILLE RD GEORGETOWN, IN 47122							Follow-up Complaint			
Person in Charge GRANT RICKARD							Pre-Operational			
Responsible Person's Email RANDIREAGAN1966@GMAIL.COM							Temporary HACCP	Menu Type 1 2 3 _X	Menu Type 1 2 3 <u>X</u> 4 5	
Certified Food Handler GRANT RICKARD							Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section #	С	NC	R	Narrative To Be Corrected						
415 438	X X			Observed old mice droppings under 3 comp sink.  Observed chemical spray bottle not labeled.  1 day Corrected						
297		Χ	Χ	Observed the drain on the bar's ice bin to be in need of cleaning. Observed  1 day the soda gun nozzle to be in need of cleaning. (Repeat violation)						
256		Χ		Observed no thermometer in kitchen refrigerator.  Corrected						
324		Х		Observed the bar's 3 comp drain to be sloping in the wrong direction. Prop  up end under ice bin. Observed the hot water knob on kitchen handwashing sink to be leaking when turned on.						
346		Χ		Observed no har	ndsoap at kitchen hand v	Corrected				
Summary of Viol	ations	(	C _	2 NC .	<u>4</u> R <u>1</u>					
Received by (name and title printed):							Inspected by (name and title printed): Thomas Snider CFS			
Received by (signature):							Inspected by (signature):			
cc:					cc:			cc:		